

mucous and sonorous rale in both lungs, particularly the right. Profuse perspiration, and urine scanty. R. Mur. ammon. grs. iij; tinct. digitalis. ℥ss; ext. hyoscyamus, gr. ½. Every two hours in solution. Sponge the surface with a solution of salt and water, and frictions with warm flannel.

27th. Better in every respect, and from this time he recovered.

It has been said (and with what justice you can determine) that "Physicians have been tinkering at the constitution for two thousand years, and but two specifics are recognized, viz., mercury and sulphur." That the nitrate of silver may prove, when properly applied, a specific in pseudo-membranous laryngitis, I sincerely hope, and from the effects I have observed from it when applied to false membrane appearing on the tonsils and pharynx, I think it not improbable.

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*Internal Mechanical Obstruction overcome by Mechanical Forces.* By RICHARD H. TOWNSEND, M. D.

At nine o'clock, Saturday evening, December 16th, 1848, I was called in haste to visit Mr. J—— M——, who was then labouring under strangulated hernia. Upon examination, I found an inguinal hernia on the right side, about as large as an ordinary sized lemon, tense, and very painful to the touch, owing to the repeated trials which the patient had made for its reduction, previous to my being sent for. Taxis was then resorted to by myself, but without success. I then ordered a large tub to be brought into the room, into which I placed the patient with his feet projecting outside, and added warm water until it reached his umbilicus. I then placed a ligature upon the arm and bled him from a large orifice thirty ounces, which made a perceptible impression upon the pulse, but without syncope. Then closing the orifice, and while the patient was still in the bath, applied firm and continued pressure to the tumour, and in forty seconds it was reduced. The patient was then taken from the bath, placed in bed, and a truss applied, but owing to its ill fit, a second protrusion took place, and I was again sent for at one o'clock in the morning, to reduce it the second time, which was done with very little difficulty. Ordered a dose of castor oil, to be given at 8 o'clock in the morning and left. Sunday 12 o'clock A. M., the oil having been thrown up and sickness at stomach continuing, gave him half an ounce of the liq. ext. of senna, which was repeated during the evening, but without the desired effect. Monday morning 8 o'clock. Passed a restless night with frequent vomitings of a grayish coffee-ground appearance, a tympanitic state of the abdomen, and constant eructations. During the day gave him three several doses of cream of tartar and jalap, assisted by stimulating enemata, all of which proved equally ineffectual in removing the obstruction.

Tuesday. The vomiting still continues, the abdomen distended, pulse, 120, small and weak, and constant thirst. Gave one grain of calomel every hour, with fomentation and spiced plaster to the abdomen, without the least abatement of the symptoms. At 12 o'clock, midnight, met Drs. Tucker and Goddard in consultation, who coincided with me in the belief that there must be some internal obstruction, and that the patient would in all probability die. Croton oil, however, was given, and to be repeated at short intervals.

Wednesday Morning, 10 o'clock.—Had no sleep during the past night; the croton oil had been thrown up and the vomiting was incessant. Pulse more feeble, insatiable thirst, eructations amounting to hiccough, and all the symptoms of approaching dissolution. I visited him again at 12 of noon, when I found him propped up in bed with the bowl between his thighs, and he still vomiting and retching. I now resolved to try one more expedient, and ordering a

quart of ice-cold water to be thrown into the rectum by means of a forcing pump, I drew a sheet from the bed, twisted it into a cord, looped the middle of it over the patient's feet, and suspended him feet uppermost to the ceiling, with the injected fluid still in the bowels. While thus suspended, I kneaded the abdomen with considerable force; he was then let down, when the abdomen evidently appeared much softer, from the fact of the obstruction having been removed. Borborygmus immediately ensued; the vomiting ceased entirely from that moment, and in fifteen minutes the ice water enema came away, bringing with it fecal matter. During the afternoon gave him two grains of calomel and half a grain of opium every hour, when at six o'clock he had a second evacuation.

*Thursday Morning.*—Rested well during the previous night. Pulse 90, and all the alarming symptoms disappeared. Gave a purgative enema, which brought away copious evacuations of a most offensive character.

*Friday.*—Still improving.

*Saturday.*—Pulse natural, appetite good, and bowels regular.

*Sunday.*—Discharged well.

PHILADELPHIA, January 20, 1849.

*Trismus Nascentium.* By SAMUEL CHAMBERLAINE, M.D.—*July 28th, 1849.*—Martha J. Turbot, æt. four weeks, in the care of a wet-nurse. The mother finding her child's "hands cold, and arms quite purple or black," suspected that the wet-nurse had given it laudanum: last evening she had left it well, in the nurse's hands.

The child was not asleep, nor did it seem heavy and stupid, as if suffering under the effects of laudanum; the eyelids were partly open, and the eyes occasionally turned upwards as if in convulsions; respiration was slow and moaning (the expiration prolonged); it was purely vesicular throughout, and the lungs were fully expanded; pulse distinct.

The complexion was purple, and the veins on its arms very conspicuous. The hands were forcibly contracted, and the thumbs drawn in towards the palms. It refused to suck my finger, which I placed in its mouth, and the mother stated that she could not make it suck. The jaw was not fast closed, but was somewhat stiff when I attempted to introduce my finger. These symptoms reminding me of Dr. Sims' theory of the Cause of Trismus Nascentium,\* I examined the occiput and found it *below the parietal bones*; both edges were depressed; the parietals riding over the occipital for half the length of the lambdoidal suture.

I laid it carefully on its side, relieving the occiput of all pressure, and the child immediately began to suck its own lip. A warm bath (that the mother might not think "nothing was done"), and to *keep it carefully on its side*, was the only treatment directed.

Three hours after, I found the child wrapped carefully, after the warm bath, and lying in the mother's arms. All thought it dying. It had "turned blue several times," and became so "whenever the milk was given it." A bluish colour under its eyes was very conspicuous. The mother milked her breast, and poured a spoonful into its mouth; immediately the lips, face, and forehead became blue, and it seemed almost strangled in the attempt to swallow; *but this "blue spell" was declared by those around to be much less severe than the "spells" in my absence.* The difference was this; that I held the child myself, and supported the side of its head; the mother had held it upon her arm, "*diagonally*," and the weight of its head came chiefly upon the occiput; she

\* American Journal of Medical Sciences, April, 1846.